

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

FOR AGENCY USE									

STANDARD FORM A – MUNICIPAL

SECTION I. APPLICANT AND FACILITY DESCRIPTION

Unless otherwise specified on this form all items are to be completed. If an item is not applicable indicate 'NA.'

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

Please Print or Type

1. Legal Name of Applicant (see instructions)	101		
2. Mailing Address of Applicant (see instructions)			
Number & Street	102a		
City	102b		
State	102c		
Zip Code	102d		
3. Applicant's Authorized Agent (see instructions)			
Name and Title	103a		
Number & Street	103b		
City	103c		
State	103d		
Zip Code	103e		
Telephone	103f	Area Code	Number
4. Previous Application If a previous application for a permit under the National Pollutant Discharge Elimination System has been made, give the date of application.	104	YR	MO DAY

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing	102e	Title
Signature of Applicant or Authorized Agent	102f	YR MO DAY Date Application Signed

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

FOR AGENCY USE		OFFICE: _____ EPA Region Number
		_____ State
Received _____		
YR MO DAY		

**5. Facility (see instructions)**

Give the name, ownership, and physical location of the plant or other operating facility where discharge(s) presently occur(s) or will occur.

Name

105a

Ownership (Public, Private or Both Public and Private).

105b

☐ PUB ☐ PRV ☐ BPP

Check block if a Federal facility

105c

☐ FED

and give GSA Inventory Control Number

105d

Location:

Number & Street

105e

City

105f

County

105g

State

105h

**6. Discharge to Another Municipal Facility (see instructions)**

a. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. If yes, complete the rest of this item and continue with Item 7. If no, go directly to Item 7.

106a

☐ Yes ☐ No

b. Responsible Organization Receiving Discharge Name

106b

Number & Street

106c

City

106d

State

106e

Zip Code

106f

c. Facility Which Receives Discharge Give the name of the facility (waste treatment plant) which receives and is ultimately responsible for treatment of the discharge from your facility.

106g

d. Average Daily Flow to Facility (mgd) Give your average daily flow into the receiving facility.

106h

\_\_\_\_\_ mgd

**7. Facility Discharges, Number and Discharge Volume (see instructions)**

Specify the number of discharges described in this application and the volume of water discharged or lost to each of the categories below. Estimate average volume per day in million gallons per day. Do not include intermittent or noncontinuous overflows, bypasses or seasonal discharges from lagoons, holding ponds, etc.

FOR AGENCY USE

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	<u>Number of Discharge Points</u>	<u>Total Volume Discharged, Million Gallons Per Day</u>
To: Surface Water	107a1 _____	107a2 _____
Surface Impoundment with no Effluent	107b1 _____	107b2 _____
Underground Percolation	107c1 _____	107c2 _____
Well (Injection)	107d1 _____	107d2 _____
Other	107e1 _____	107e2 _____
Total Item 7	107f1 _____	107f2 _____

If 'other' is specified, describe

107g1 \_\_\_\_\_

If any of the discharges from this facility are intermittent, such as from overflow or bypass points, or are seasonal or periodic from lagoons, holding ponds, etc., complete Item 8.

**8. Intermittent Discharges**

- a. **Facility bypass points**  
Indicate the **number** of bypass points for the facility that are discharge points.(see instructions)
- b. **Facility Overflow Points**  
Indicate the **number** of overflow points to a surface water for the facility (see instructions).
- c. **Seasonal or Periodic Discharge Points** Indicate the **number** of points where seasonal discharges occur from holding ponds, lagoons, etc.

108a \_\_\_\_\_

108b \_\_\_\_\_

108c \_\_\_\_\_

**9. Collection System Type**

Indicate the type and length (in miles) of the collection system used by this facility. (see instructions)

109a

Separate Storm

☐ SST

Separate Sanitary

☐ SAN

Combined Sanitary and Storm

☐ CSS

Both Separate Sanitary and  
Combined Sewer Systems

☐ BSC

Both Separate Storm and  
Combined Sewer Systems

109b ☐ SSC

Length

\_\_\_\_\_miles

**10. Municipalities or Areas Served**  
(see instructions)

Name

Actual Population  
Served

110a

110b

110a

110b

110a

110b

110a

110b

110a

110b

Total Population Served

110c



